

**Montana WIC Program
Report of Attempted Program Abuse**



Date of Occurrence: _____

Approximate Time of Day: _____

WIC customer name or description _____

Benefit # _____

Participant WIC ID # _____

During benefit redemption the participant:

- ☐ Attempted to use a WIC benefit outside of the valid date range (too early or too late).
- ☐ Used verbally abusive language with retail or farm staff.
- ☐ Threatened or attempted to physically abuse retail or farm staff.
- ☐ Asked to receive a rain check, credit or cash in exchange for WIC benefits.
- ☐ Attempted to use a pre-signed or altered WIC benefit.
- ☐ Attempted to purchase unauthorized WIC foods.
- ☐ Attempted to purchase non-food items with WIC benefits.
- ☐ Attempted to purchase more food items than listed on the benefit.
- ☐ Refused to show the signature portion of the ID Packet/Program Booklet.
- ☐ Other (explain below)

Please explain the events that occurred:

Continue on back side of form if needed.

Retailer/Farmer Name: _____

WIC Stamp #: _____

Mailing Address: _____

Name of Person Making Report: _____

Phone Number if More Information is Needed: _____

Thank you for your assistance. The Local WIC Agency will be immediately informed of this report.
If you have additional questions, please call 1-800-433-4298 option 2.

This institution is an equal opportunity provider.

Report of Attempted Program Abuse Form 109



Montana WIC Program
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